

**COVER PAGE**

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Munso	Joseph		
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
OPTIONAL: FAX / E-MAIL ADDRESS			

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Health and Human Services Agency

Division, Board, District, if applicable:

Agency

Your Position:

Deputy Secretary

➤ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attached

Position:

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of

☐ City of

☐ Multi-County

☐ Other

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: / /

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is / /, through December 31, 2007.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is / /, through the date of leaving office.

☐ Candidate

**4. Schedule Summary**

➤ Total number of pages including this cover page: 2

➤ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Travel Payments

-or-

☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(continued)

Statement of Economic Interests

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**OFFICE, AGENCY OR COURT**

1. Managed Risk Medical Insurance Board-Member
2. First Five California-Member
3. OSHPD-Deputy Secretary